

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10067	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Robert H Lindsey P.O. Box, Bldg., Room No., if any Street 671 Lake Tree Lane City Sherwood State Arkansas ZIP Code + 4 72120	4. Name, file number, and address of labor organization. Name Brotherhood of Locomotive Engineers & Trainmen Labor Organization File Number 035-784 P.O. Box, Building and Room Number, if any 8746 Street City Pine Bluff State Arkansas ZIP Code + 4 71611
5. Position in labor organization. Local Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert H. Lindsey

On

8/12/05
Date

501-833-9899
Telephone Number

Name of Person Filing Robert Lindsey	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Bauer & Baebler, P.C.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1010 Market St. Ste. 350</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63101</p>	<p>14.a. Nature of payment.</p> <p>A representative of this firm bought approximately four meals at various times during 2004 and the cost of each meal could have gone over \$25.00. I also received a ham that the cost may have been over \$25.00.</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Robert Lindsey	File Number U-
--------------------------------------	----------------

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Kujawski & Nowak P. C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 201 West Broadway, Suite E City No. Little Rock State Arkansas ZIP Code + 4 72114	14.a. Nature of payment. In the year 2004 on approximately 2 occasions a representative from this firm bought a meal which may have exceeded \$25.00.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Schlichter, Bogard & Denton Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 100 S. 4th St. Suite 900 City St. Louis State Missouri ZIP Code + 4 63102	14.a. Nature of payment. On possibly 2 occasions a representative from this firm bought a meal that may have exceeded \$25.00.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Yeager, Jungbauer, Barczak, Vucinovich & Wen Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 745 Kasota Ave City Minneapolis State Minnesota ZIP Code + 4 55414	14.a. Nature of payment. On possibly 3 occasions a rep from this firm bought a meal that might have gone over \$25.00. I also received a box of steaks that may have exceeded \$25.00.
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment